

CERTIFICATION BY EMPLOYING AGENCY

For

Department of Corrections

To

Peace Officers' Annuity and Benefit Fund of Georgia

PO Box 56

Griffin, GA 30224

(770) 228-8461

NOTICE: Georgia law provides as follows:

"Any person who knowingly furnishes false information for the purpose of becoming a member of the Fund, or for receiving credit for service to which he is not entitled, or for receiving benefits hereunder, or any person who knowingly assists in doing any of the foregoing thing, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished as for a misdemeanor."

Date: _____

1. Name of Employee: _____

2. Present or Last Known Address: _____
Street City, State Zip

3. Date of Birth: _____ Social Security Number: _____

4. What is/was employee's title? _____

5. Is/was this employee required to be certified under provisions of Peace Officer Standards and Training Act? _____

6. During employment does/did the employee hold a police powers card? _____ If yes, police powers #: _____
What is the expiration date of the police powers card? _____

7. List all dates below that employee ***DID NOT*** hold a police powers card:

Dates	
From	To

8. How many hours per week did the employee devote to his primary position? _____

9. What is/was the beginning date of employment? _____
(Month) (Day) (Year)

10. What is/was the ending date of employment? _____
(Month) (Day) (Year)

11. Please list any period this employee was not employed during the time listed above. This includes any periods during which no salary was paid (i.e. Suspensions, Sick Time in excess of authorized sick leave, etc) and list Worker's Compensation separately below.

(Over – This form continued on reverse side)

12. List all dates and positions held during employment with Department of Corrections:

Dates		Title	Police Powers Card Required?
From	To		

13. Does/Did employee have custody of prisoners? _____

If so, is/was employee armed? _____

14. Is there a written job description covering the position of this employee? _____

If so, please provide with this form.

I hereby certify that the information given on this form is true and accurate as the same appears on the records of:

(Employees Name)

Given under my hand and seal this _____ day of _____ 20 _____.

This form must be completed by Central Personnel.

Witnessed by Notary

Signature

Title of Signer

Signer's Telephone Number

Note: *This form is not valid until signed by a properly authorized individual for the Employing Agency and must be notarized by a different individual. The proper execution of the document is the applicants/members responsibility.*